

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-021817

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 4

Primary Registration District No. \_\_\_\_\_

Registrar's No. 59

FILED JUL 10 1962

## 1. PLACE OF DEATH

a. COUNTY

Atchison

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Fairfax

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Community Hospital

Inside Limits  
Yes ☐ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Atchison

c. CITY  
OR TOWN

Fairfax

Inside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS

(If outside, give location)

Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

HERMAN

RICHARD

BAYHAA

4. DATE  
OF DEATH

Month

Day

Year

July 3 1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

7/21/1872

## 9. AGE (last birthday)

89

## IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired farmer

## 10b. KIND OF BUSINESS OR INDUSTRY

Own farm

## 11. BIRTHPLACE (City and state or country)

Clinton, Illinois

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Gus Bayha

## 13b. MOTHER'S MAIDEN NAME

Mary Ann Morse

## 14. NAME OF HUSBAND OR WIFE

Deceased

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Mrs. Helen Ball Fairfax Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Coronary occlusion

INTERVAL BETWEEN  
ONSET AND DEATH

18 hr

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Fractured hip

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 4/29/61 to 6/29/62 and last saw him alive on 6/29/62  
Death occurred at 6:35 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

Degree or title

Edward S. Bane MD

## 22b. ADDRESS

Tarkio, Missouri

## 22c. DATE SIGNED

7/6/62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

## 23b. DATE

7/3/1962

## 23c. NAME OF CEMETERY

Pleasant Ridge

## 23d. LOCATION (City, town, or county)

Fairfax

Missouri

## 24. FUNERAL DIRECTOR

ADDRESS

## 25. DATE RECD. BY LOCAL REG.

## 26. REGISTRAR'S SIGNATURE

Schooler Funeral Home

Fairfax Mo.

July 7, 1962

Harwin N. Schooler

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Thermon N. Schaefer*

Licensed Embalmer No.

*4162*

P. O. Address

*Fairfax, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.